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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB-06) |                        |        |                          | Application Number<br>10/561,063     |                         | Filing Date<br>13 July, 2006 |                 | <input type="checkbox"/> To be Mailed |       |        |       |        |
|--|------------------------|--------|--------------------------|--------------------------------------|-------------------------|------------------------------|-----------------|---------------------------------------|-------|--------|-------|--------|
|  |                        |        |                          | Applicant(s) OTTINO, FRANCO GIOVANNI |                         |                              |                 | Page 1 of 1                           |       |        |       |        |
| * May be used for additional claims or amendments  |                        |        |                          |                                      |                         |                              |                 |                                       |       |        |       |        |
| CLAIMS   | AS FILED<br>06/19/2008 |        | AFTER FIRST<br>AMENDMENT |                                      | AFTER SEC.<br>AMENDMENT |                              | *               |                                       | *     |        | *     |        |
|  | Indep                  | Depend | Indep                    | Depend                               | Indep                   | Depend                       | Indep           | Depend                                | Indep | Depend | Indep | Depend |
| 1  | 1                      |        |                          |                                      |                         |                              | 51              |                                       |       |        |       |        |
| 2  |                        | 1      |                          |                                      |                         |                              | 52              |                                       |       |        |       |        |
| 3  | ----                   | ----   |                          |                                      |                         |                              | 53              |                                       |       |        |       |        |
| 4  |                        | 1      |                          |                                      |                         |                              | 54              |                                       |       |        |       |        |
| 5  |                        | 1      |                          |                                      |                         |                              | 55              |                                       |       |        |       |        |
| 6  |                        | 5      |                          |                                      |                         |                              | 56              |                                       |       |        |       |        |
| 7  |                        | 5      |                          |                                      |                         |                              | 57              |                                       |       |        |       |        |
| 8  | 1                      |        |                          |                                      |                         |                              | 58              |                                       |       |        |       |        |
| 9  | 1                      |        |                          |                                      |                         |                              | 59              |                                       |       |        |       |        |
| 10   |                        |        |                          |                                      |                         |                              | 60              |                                       |       |        |       |        |
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| 23   |                        |        |                          |                                      |                         |                              | 73              |                                       |       |        |       |        |
| 24   |                        |        |                          |                                      |                         |                              | 74              |                                       |       |        |       |        |
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| 27   |                        |        |                          |                                      |                         |                              | 77              |                                       |       |        |       |        |
| 28   |                        |        |                          |                                      |                         |                              | 78              |                                       |       |        |       |        |
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| 50   |                        |        |                          |                                      |                         |                              | 100             |                                       |       |        |       |        |
| Total<br>Indep   | 3                      |        |                          |                                      |                         |                              | Total<br>Indep  |                                       |       |        |       |        |
| Total<br>Depend  |                        | 13     |                          |                                      |                         |                              | Total<br>Depend |                                       |       |        |       |        |
| Total<br>Claims  |                        | 16     |                          |                                      |                         |                              | Total<br>Claims |                                       |       |        |       |        |

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